Adolescent Behavioral Health

Presentation to the Mental Health and Vulnerable Adult Task Force May 12, 2023



Agenda

- System overview through a DFS lens
 - Who is DFS serving?
 - What services are available?
 - How are the services funded?
 - Who pays for what?
- Holes in the system
- So what?

Who?

- Adolescents = minors (under the age of majority 18 years)
 - Some providers serve up to age 21
- Not a monolithic population
 - Needs vary
 - Severity of the diagnosis (educational, behavioral, or clinical intervention levels)
 - Dual diagnosis (intellectual disability, developmental disability, behavioral, severe emotional disturbance)
 - Age (developmental level)

Who? (continued)

- Custody varies
 - Parent/caregiver custody
 - Child lives at home with parent/caregiver
 - State custody (DFS custody)
 - Under Title 14 of the Wyoming Statutes, there are three 'doors' to involvement in the child welfare system and placement into DFS custody. Families and/or children are under the supervision and jurisdiction of the Juvenile Court.
 - Abuse/neglect cases youth who are at-risk of or have experienced maltreatment;
 - Children in need of supervision (CHINS) youth who are "habitually truant", disobedient, or "ungovernable and beyond control", but whose infractions do not rise to the level of breaking the law; and,
 - <u>Iuvenile delinquency</u> youth who have broken the law and been placed on probation or ordered to a placement by the court.
 - Youth may transition between these three involvement statuses, or exit the system and re-enter through another door

Who? (continued)

- Placement varies
 - Home
 - Child lives with their family and receives community based services
 - Family fostercare
 - Child lives in a home with relatives or strangers and receives community based services
 - Facility or institution based care
 - Child lives in a facility and receives services provided or facilitated by the facility

What are the services?

• Three settings for services

- Outpatient child remains at home or in another community-based location while receiving MHSA services
- Residential child lives on-campus
- Inpatient most restrictive clinical setting

• Four types of services

- Educational an alternative educational setting to support the child's continued educational progress
- O Behavioral to address behavioral issues interfering not only with the child's education, but also their ability to function at home and the community
- Clinical formal diagnosis and treatment for significant psychiatric instability
- O Correctional primarily to address delinquent behavior; this is not a therapeutic setting, however it often serves as the safety net for adolescents for whom no other safe placement can be found

Mental health & substance abuse services Outpatient abuse services Clinical Clin	Services	Setting	Placement Type	Description	Admission Criteria
Board of Cooperative Educational Services (BOCES)		Outpatient			N/A
Educational Services (BOCES) Residential Educational educational support needs district referral	Crisis stabilization services	Residential	Behavioral	Short-term, overnight services to de-escalate mental health crisis	Voluntary
Residential Treatment Centers (RTCs) Residential Correctional Residential Correctional Residential Correctional County facilities for minors who have been adjudicated juvenile delinquents, or are Court-ordered Court-ordered	Educational Services	/			
Centers (RTCs) Clinical treatment services in a residential group care setting Acute psychiatric stabilization Inpatient Clinical Inpatient hospital psychiatric stabilization and medication management Psychiatric residential treatment facility (PRTF) Inpatient/ Residential Clinical Inpatient psychiatric treatment facility that meets HHS/CMS criteria for reimbursement as a medical service by Medicaid WGS/WBS Residential Correctional State facility for minors adjudicated as juvenile delinquents under Title 14 Court-ordered Juvenile Detention Centers Residential Correctional County facilities for minors who have been adjudicated juvenile delinquents, or are Court-ordered	Group Homes	Residential	Behavioral	needs, who do not require a more restrictive facility for their own protection or that of	
Psychiatric residential Inpatient/ Residential Gorrectional Treatment facility for minors adjudicated as juvenile delinquents under Title 14 Court-ordered Juvenile Detention Centers Residential Correctional County facilities for minors who have been adjudicated juvenile delinquents, or are Court-ordered Court-ordered		Residential			Court-ordered or private pay
treatment facility (PRTF) Residential as a medical service by Medicaid WGS/WBS Residential Correctional State facility for minors adjudicated as juvenile delinquents under Title 14 Court-ordered Juvenile Detention Centers Residential Correctional County facilities for minors who have been adjudicated juvenile delinquents, or are Court-ordered		Inpatient	Clinical	Inpatient hospital psychiatric stabilization and medication management	Medical
Juvenile Detention Centers Residential Correctional County facilities for minors who have been adjudicated juvenile delinquents, or are Court-ordered			Clinical		Medical - psychiatric evaluation
	WGS/WBS	Residential	Correctional	State facility for minors adjudicated as juvenile delinquents under Title 14	Court-ordered
	Juvenile Detention Centers	Residential	Correctional		Court-ordered

How are the services funded?

- Community-based services
 - Outpatient MHSA services = WDH funds (Behavioral Health Center contracts, Medicaid)
 - Crisis stabilization services = DFS funds (Contracts with providers, open access for the community)
- W.S. § 21-13-315. Costs of court ordered placement of children in private residential treatment facilities, group homes, day treatment programs and juvenile detention facilities.
 - For children in DFS custody who are court-ordered to residential treatment facilities (centers), group homes, day treatment programs, and juvenile detention facilities for services
 - Room & board is paid by DFS
 - Educational services are paid by WDE
 - Medical services are generally paid by WDH Medicaid for purposes of this statute, PRTFs are considered as an allowable medical service under WDH Medicaid

How are the services funded?

- W.S. § 21-13-336. Education costs of children certified by the department of health for treatment in psychiatric residential treatment facilities.
 - For children who need medically necessary Medicaid-covered PRTF services only
 - Room & board & medical services are paid by WDH Medicaid (bundled rate)
 - Educational services are paid by WDE
- All others depend on insurance status and custody status

Who pays and for what? Court-ordered Placements

Service	DFS	WDH Medicaid	Education	Private Insurance	Local
Crisis stabilization services	room & board	outpatient services	resident school district	Depends on insurance plan and coverage	yes
Board of Cooperative Educational Services (BOCES)	room & board	outpatient services	WDE	Depends on insurance plan and coverage	yes
Group Homes	room & board	outpatient services	resident school district	Depends on insurance plan and coverage	yes
Residential Treatment Centers (RTCs)	room & board	outpatient services	WDE	Depends on insurance plan and coverage	possibly
Acute psychiatric stabilization	no	yes	Depending on length of stay, resident district may provide on site or home based educational services	Depends on insurance plan and coverage	no
Psychiatric residential treatment facility (PRTF)	Maybe - through blended funding agreements	yes	WDE	Depends on insurance plan and coverage	possibly
WGS/WBS	room & board, educational services	outpatient services - 100% SGF	no	no	no
Juvenile Detention Centers	room & board	outpatient services - 100% SGF	WDE	no	yes

Who pays and for what? Medically Necessary Medicaid Placements

Service	DFS	WDH Medicaid	Education	Private Insurance	Local
Crisis stabilization services					
Board of Cooperative Educational Services (BOCES)					
Group Homes					
Residential Treatment Centers (RTCs)					
Acute psychiatric stabilization	no	yes	Depending on length of stay, resident district may provide on site or home based educational services	Depends on insurance plan and coverage	no
Psychiatric residential treatment facility (PRTF)	Maybe - through blended rate agreements	yes	WDE	Depends on insurance plan and coverage	possibly
WGS/WBS					
Juvenile Detention Centers					

Who pays and for what? Private Placements (non-Medicaid)

Service	DFS	WDH Medicaid	Education	Private Insurance	Local
Crisis stabilization services	room & board		resident school district	Depends on insurance plan and coverage	yes
Board of Cooperative Educational Services (BOCES)				Depends on insurance plan and coverage	
Group Homes			resident school district	Depends on insurance plan and coverage	
Residential Treatment Centers (RTCs)				Depends on insurance plan and coverage	
Acute psychiatric stabilization				Depends on insurance plan and coverage	
Psychiatric residential treatment facility (PRTF)				Depends on insurance plan and coverage	
WGS/WBS				no	
Juvenile Detention Centers				no	

Holes in the System

- Complex Cases (aka High Needs Youth) high need youth for whom no appropriate placement can be secured, regardless of the state's ability to pay
- DFS voluntary cases (private placements) for which no reimbursement for services beyond outpatient and crisis level care can be secured because the child is uninsured and not in DFS custody (therefore, not WDH Medicaid eligible and no confirmed educational coverage)
- Funding for step-down services for non-DFS involved WDH Medicaid youth (RTCs) does not exist
- Adolescents with behavioral health challenges placed in juvenile detention centers
 - Safest available placement
 - Not therapeutic
 - Challenging for JDC staff

So What?

- What services are needed, and in what quantity?
- Who can provide those services?
- What is the role of the state in ensuring service availability?